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PLACE OF BIRTH	ARIZONA STATE BOARD OF HEALTH
1. County of Providence Burea	U OF VITAL STATISTICS State Index No.
District of	11474
Town of	AL CERTIFICATE OF BIRTH Co. Registrar No. 471+
or miani	Local Registrar No
City of No.	St. Ward
2. Full name of child fraulish Sofsig	a hospital or institution, give its NAME instead of street and number If child is not yet named, mak supplemental report, as directe
3. Sex of Control of C	of mate? Yes 7. Date
8. Full name Churchio Lag	14. MOTHER Full maiden Coucepair Holgus
9. Residence (Usual place of abode) If nonresident, give place and State	15. Residence (Usual place of abode) If nonresident, give place and State
10. Color or Must, 11. Age at last birthday 22	Years) 16. Color or race 2004 17. Age at last birthday (Years
12. Birthplace (city or place) Muff (State or country)	18. Birthplace (city or place) Market (State or country)
13. Occupation Nature of Industry	19. Occupation Nature of industry
20. Number of children of this mother (Taken as of time of birth of child here- in certified and including this child.) (a) Born alive ar	nd now living (b) Born alive but now dead(c) Stillborn
CERTIFICATE OF ATTEN	IDING PHYSICIAN OR MIDWIFE.
I hereby certify that I attended the birth of this child, *When there was no attending physician	1/6
or midwife, then the father, householder, Signature	Primi (Physician for midwife)
Given name added from	Och 1022-1/1 mitarde
a supplemental report	iled // (g. 1922 3. School Registrar.
Registrar.	County Registrar.